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NATIONAL PUBLIC HEALTH WEEK

This week is National Public Health Week which provides us with an opportunity to examine the health of our country and the costs of health care in America. Health care is expensive, and costs keep rising – year after year. Americans spend \$2.4 trillion a year on health care. Although we spend more on health care than any other country, many Americans do not have access to affordable quality health care and our nation is falling behind in many measures of what it means to be healthy:

- U.S. life expectancy ranks 46th – behind most of Europe as well as countries such as South Korea, Jordan, and Japan.
- A baby born in the U.S. is more likely to die before its first birthday than a child born in almost any other developed country.

Despite the progress achieved in many areas of public health – the elimination of polio, fluoridation of drinking water, and seatbelt laws – we have many areas that still need work. That is why I led a letter to the Labor, Health and Human Services and Education Appropriations Subcommittee along with Reps. Jim McGovern (D-MA) and Lucille Roybal-Allard (D-CA) calling for a \$2 billion increase in the Centers for Disease Control and Prevention (CDC) budget for fiscal year 2010.

Supporting proven research-based public health and prevention efforts saves lives, prevents needless disability and suffering, and may help keep health care costs down. Preventable chronic conditions consume 75 percent of federal health spending. Strengthening our nation's health-focused prevention efforts will help to revitalize our nation's health care system.

HOUSE PASSES LANDMARK TOBACCO LEGISLATION

Last week, the House once again considered landmark tobacco legislation. I voted for the bill when it passed the House last Congress, and was pleased to support it again this year.

The Family Smoking Prevention and Tobacco Control Act gives the Food and Drug Administration (FDA) the authority to regulate tobacco products and requires all tobacco manufacturers to disclose the names and descriptions of all ingredients, components, and compounds in tobacco products. The bill gives the FDA the authority to restrict advertising and promotions that appeal to children and adolescents. The bill will reduce the colorful and sleek marketing techniques that tobacco companies use to lure young adults by requiring that at least 30 percent of the cigarette pack is covered by a large warning label. Experts predict that the provisions in the bill will lead to a two percent reduction in smoking rates in this country.

Tobacco kills 400,000 people a year. Reducing the number of smokers in this country is a good thing. But, this bill doesn't go far enough. In order to meaningfully regulate tobacco, we need to give the FDA the authority to reduce nicotine levels in tobacco products. I was disappointed that the Majority did not allow for consideration of an amendment drafted by Rep. Michael Burgess (R-TX) that would have done just that.

HOLMES MURPHY BRIEFING

Dennis Bishop, President of Holmes Murphy Texas and Bryant Armstrong, Senior Benefits Consultant with Holmes Murphy gave a presentation during a briefing that I and the Congressional Study Group on Public Health sponsored. They spoke about the work they have done with over thirty employers to institute wellness programs that have demonstrated sustainable clinical success by addressing many of the underlying factors that cause

disease. Over 40 percent of the participants in the program had pre-diabetes reversed, and over 50 percent of the participants had a reduction in metabolic syndrome in just ten weeks. Holmes Murphy has been able to work with employers nationwide to achieve statistically significant impact on obese, overweight, and morbidly obese populations that is clinically sustainable at a low cost.

Over 30 Members of Congress have joined the Congressional Study Group on Public Health, and we regularly host briefings to educate our colleagues on current health care issues.

TEXAS DELEGATION LETTER RE CMS SURVEY AND CERTIFICATION

The Centers for Medicare & Medicaid Services (CMS) conducts various types of hospital inspections (e.g., inspections after an incident and the new construction inspections). Because of funding constraints at CMS, they have prioritized the inspections and initial inspections are given the lowest priority. There are currently over 200 facilities in Texas affected by the backlog.

This week, I signed onto a letter led by Senator John Cornyn (R-TX) and Rep. Pete Sessions (R-TX) to CMS expressing our concerns with the CMS survey priority policy. Because of the CMS policy, only Tier I and II surveys have been completed in Texas. The letter specifically focuses on the hardship faced by Tier III facilities. Three kidney dialysis facilities in my district are currently on the Tier III waiting list. State-wide, there are 59 facilities waiting for certification – and over 40 of them have been waiting for over 120 days. Unlike hospitals that can attain “deemed status” and receive a Medicare provider number through a CMS-approved accreditation organization, dialysis providers (i.e., Tier III providers) have no such accreditation option. Therefore, the delay in survey and certification from CMS forces them to either scale back their operations or close their facilities.

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